- 1	Criddy (M)	PATE	NT API	PLICA	795, no ner TION FI	FF DF	TERMINA	TIO!	V RECOL	of inform	ation un	loss il cis	HAN A ASER O	IT OF COLLA Less control o
PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875												100	राक्ट्रिध	1 Itumper
CLAIMS AS FILED - PART I												01	IGER THAN	
ı	(Column 1) (Column 2)							_	SKIALL ENTITY			OR T	Sku	TT ENTIL
	GASIC FEE			MUNCER FOLEO .			LIDER EXTRA	4	RATE		FEE	-	RATE	Fe
	101AL CLAILIS		<del> </del>							3_		OR		1
L	MOEPEIDENT CLARAS		<b> </b>	minus 20 =					x s		,	OR	x s_	
12	37 CFR 1.16(t		minus 3 a			•		X 1 • 1		OR		.		
1:	LIULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))							1			OR	1.,		
1.	" If the difference in column 1 is less than zero, enter "0" in column 2.								TOTAL		-	OR	JATOI	
1	all	CLAIM	S AS A	MENDI	E0 - PA	RTII			•			•		<u> </u>
19	1-8-a	-8-05 (Column 1) (Column 2) (Column 3)					)	JANIZ	T ENLU	ΓΥ	OR		ER THAN L ENTITY	
A FA		REI	LAMS AANING FTER NOMENT		PREV	KEST MBER MOUSLY	PRESENT EXTRA		RATE	TIC	MYL 1001-		RATE	AOOA
MENOMENT	Total (IV CFR 1,34(c	. 1	10	Minu		HO HO	-	1	x s		EE	OR	X 1 =	FEE
鱼	Independent (37 CFR 1,160	r .	(o	Minus	" (	0	* .	7	× 5. •			•	X S	<del>                                     </del>
A	FIRST PRESENTATION OF MALTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						11	+: -	1		OR OR		+	
					י נ	TOTAL	+-			TOTAL TOTAL	<del>                                     </del>			
	1 1	(Colur	na 1)		(Cal		(Cat 21		ADD1 FEE	l	ب	OR	ADD'L FEE	<u> </u>
AMENDMENT B	1/2/01	CLA REMA AFT AMEND	IMS INING ER		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	AD: TION	W.		RATE	ADDI- TIONA FEE
ğľ.	(2) OFR 1.16(c)	13-	1	Minus	-4	Ð .	. /		× s=			OR	X \$ =	
	Independent IN OFA LIGOR	14	4	Minus	""	2	•/		x \$=			OR	× s=	
4	FIRST PRESENTATION OF MALTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))											OR	+5=	
												OR .	TOTAL ADD'L FEE	
		(Column	1)		(Colum	n 2)	(Column 3)						•	
828		CLAIN REMAIN AFTEI AMENOM	ING R		HIGHE NUMBE PREVIOL PAID FO	ST ER ISLY	PRESENT EXTRA	1	RATE	ADD TION	AL.		RATE	ADDI- TIONAL FEE
æ	Total OFR 1.16(c)	•	_   -	Vinus	••	T	•	×	s			OR	x \$=	
1 2	opendent OFR 1.16(b))	•	.   "	licus	***	•	•	×			$\neg$	OR	x s	
FR	ST PRESENTA	TION OF LU	LTIPLE DE	POVOEN	T CLAIM .	37 OFR (	.16(dj)	1	5e		$\neg$	OR	+ 5=	
• #16	a anto in oni				` .				OTAL OD'L FEE			OR _	TOTAL ADD'L FEE	

\* If the entry in column 1 is loss than the entry in column 2, write "O' in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20".

The Trighest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The Trighest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to tile (and by I USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to comple including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comment on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Pate and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO TH ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450,

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.